

August 7, 2014

Dear ACP members,

We are writing to share with you additional details and more information regarding changes the American Board of Internal Medicine (ABIM) is intending to make to its Maintenance of Certification (MOC) program, as a follow up to our July 18 email that addressed some adjustments to the MOC program.

On July 28, 2014 the ABIM Board and Council formally responded to a May 7, 2014 letter sent by ACP on behalf of 14 medical societies that outlined our concerns about the MOC program, as well as concerns expressed by ACP and 25 other medical societies at the July 15 Summit Meeting convened by ABIM.

The ABIM Board and Council informed us of their intention to make the following additional changes to the MOC program:

- **Secure exam.**
 - ABIM's Board agreed to create a year "grace period" for those who have attempted but failed to pass the MOC exam. A diplomate who takes an exam before his/her examination is due and fails will get an additional year to pass before being reported as "Not Certified" or "Not Meeting MOC Requirements" (assuming all other MOC requirements are met).
 - First-time MOC retake fees (for physicians who have failed the secure examination) will be reduced from \$775 to \$400 beginning in 2015.
 - ABIM will charter a committee and explore options for offering psychometrically rigorous and clinically relevant modular exams.

- **The "Patient Survey" requirement will be changed to a "Patient Voice" requirement (Part 4).**
 - There will be at least 4 different pathways to meet this requirement and they will be rolled out before the 2018 deadline for meeting the requirement. Surveys will be one option to meet this requirement. There will be other options which will not require physicians to share any data survey information with ABIM.
 - These pathways will also support retroactive credit, so an approved activity completed between 2014 and 2018 will meet the requirement.
 - ABIM's new specialty boards (there is a "specialty board" for internal medicine and for each of the subspecialties of internal medicine) will begin to address the question of what are the appropriate patient voice options in each discipline and practice type. The boards are charged with acting as a liaison with the medical societies in their clinical domains.
 - ABIM created a committee to discuss the issue of reporting "clinically inactive" status publicly and modifying or eliminating practice assessment (Part 4) requirements for physicians who are no longer clinically active.

- **Certification options.**
 - ABIM will charge each specialty board with addressing the question of whether underlying certifications are required in each tertiary specialty (e.g., Interventional Cardiology; Transplant Hepatology) and conjoint boards (e.g., Hospice and Palliative Medicine); decisions are expected by 2015 for the boards which ABIM administers.
 - A newly formed ABIM committee will examine expanding MOC options for clinically inactive (and less clinically active) physicians, including researchers, academics, and administrators.

- **Clarification: Maintenance of Licensure.** ABIM clarified that it does not believe that MOC should be required for Maintenance of Licensure, but it does believe that a physician who chooses to engage in MOC should be exempted from any additional MOL requirements.

- **Web reporting.** The ABIM Board will discuss this issue at its August meeting.

The information detailed above is an update to changes to the MOC program that ABIM announced a few weeks ago, which ACP detailed in a July 18 email sent to ACP members. Those changes included:

- **Ensure transparency of information.** ABIM has added information to their website and ABIM's 990s are publicly available on <http://www.guidestar.com>.

- **Ensure a broader range of CME options for medical knowledge/skills self-assessment (Part 2).** ABIM will align its knowledge assessment requirements and standards with already existing standards for certain types of CME products and providers.

- **Provide more feedback regarding test scores.** By 2015, the ABIM Board agreed to provide more in-depth, actionable feedback on individual performance in all of their exam score reports.

- **Reduce the data collection burden for the practice assessment requirement.** ABIM is re-designing the process to provide additional pathways to meet the requirement and focus more on measurement and improvement activities.

ACP leadership is pleased by the scope of changes ABIM has agreed to implement to improve the MOC program. We are optimistic that continued dialog between ABIM, ACP, and the broader internal medicine community will result in substantial and meaningful reform. We will continue to work to achieve the best outcome for our members and their patients and to address the concerns expressed by our members and the internal medicine community.

We will keep you informed about our progress.

Steven Weinberger, MD, FACP, Executive Vice President and CEO